

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

SHORT FORM

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2021 MAR -9 PM 2: 54
1/28/2021 PM
PROPOSITION B UNIT

CALIFORNIA
FORM **450**

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For Official Use Only

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 9/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/3/2020

1. Type of Recipient Committee:

- Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored
- General Purpose Committee
 Sponsored
 Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain) _____
 (Also check type of statement you are amending)
- Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1399598

COMMITTEE NAME
LACEY FOR LOS ANGELES COUNTY DISTRICT ATTORNEY 2020; ASSOCIATION OF DEPUTY DISTRICT ATTORNEYS' ISSUES PAC IN SUPPORT OF JACKIE

STREET ADDRESS (NO P.O. BOX)

CITY LOS ANGELES STATE CA ZIP CODE 90071 AREA CODE/PHONE (213) 533-4227

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
secretaryadda@laadda.com

Treasurer(s)

NAME OF TREASURER
Miji Vellakkatal

MAILING ADDRESS

CITY Los Angeles STATE CA ZIP CODE 90071 AREA CODE/PHONE (213) 533-4227

NAME OF ASSISTANT TREASURER, IF ANY
Michele Hanisee

MAILING ADDRESS

CITY Los Angeles STATE CA ZIP CODE 90071 AREA CODE/PHONE (213) 533-4227

OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: secretaryadda@laadda.com
Assistant Treasurer: secretaryadda@laadda.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/1/2021 DATE
 Executed on 3/1/2021 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By _____
 By _____
 By _____
 By _____

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>9/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 450 Page <u>2</u> of <u>4</u>
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$0.00
2. Expenditures under \$100 made this period (Not Itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$0.00
4. Nonmonetary Adjustment	\$0.00
5. Total expenditures made from previous statement	\$0.00
6. TOTAL EXPENDITURES MADE TO DATE	\$0.00

Contributions Received

7. Monetary contributions received this period	\$2,304.00
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement	\$39,168.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$41,472.00

Current Cash Statement

11. Beginning cash balance	\$228.00
12. Cash receipts this period	\$2,304.00
13. Miscellaneous increases to cash	\$0.00
14. Cash expenditures this period	\$0.00
15. ENDING CASH BALANCE THIS PERIOD	\$2,532.00

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I.D. NUMBER
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5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year _____ Other _____
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.

ADDA ISSUES PAC

#1399598

FORM 450

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NOT USED